



Peninsulas Emergency Medical Services Council, Inc.

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Medical Incident Review Form (MIR)

The purpose of this referral is to improve the quality and efficiency of patient care in the Peninsulas Emergency Medical Service Council, Inc. region. This form is intended to relay comments on any incident, positive or negative regarding EMS incidents in the region. Submission of this document triggers further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS agency and it's Operational Medical Director (OMD) for the purposes of Quality Improvement (QI) to result in improved patient care. Provide as much of the requested information as possible.

This form may be submitted anonymously. However, if you would like us to contact you for additional information, we must have your contact information. All MIR information is confidential.

Section 1: Referrer Contact Information

Name: _____ Agency: _____
Telephone #: _____ Email Address: _____

Section 2: Incident Details

Date: _____ Time: _____ PPCR# (attach copy): _____
EMS Agency: _____
Attendant-in-Charge (if known): _____
Receiving Facility: _____ Receiving Physician: _____

Section 3: Reason for Review

- Unable to establish contact with Medical Control
- Regarding treatment orders from on-line Medical Control physician
- Medical Control treatment needed but not
- Regarding hospital diversion of patient performed
- Medical Control treatment initiated without actions physician order
- Regarding EMS patient treatment or

Section 4: Description of Events

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